

# **EXHIBIT 5**



## ABORTION PROCEDURES

*This information is provided for educational purposes only. If you are worried about any side effects or symptoms after having an abortion, you should call your healthcare provider immediately or go to the Emergency Room.*

Reminder – it is important to know your blood type before having either a medical or surgical abortion.

**Medical Abortion:** This type of abortion involves the use of medication to terminate the pregnancy.

### **RU-486 "Abortion Pill" (up to 11 weeks after LMP) \* \$390+**

The most common regime is a two-step process involving a combination of 2 medications.

1. Mifepristone (RU486) is given orally to block progesterone (a hormone needed for the pregnancy to continue) causing the embryo to die. You may experience contractions and bleeding as your body starts to expel the pregnancy.
2. Misoprostol is taken 24-48 hours later. This pill induces uterine contractions, causing the uterus to empty.

Between 7-14 days after taking the Abortion Pill, you will need to have a follow-up with the abortion provider to ensure that the abortion was complete and that there are no immediate complications. Your provider may choose to do this over the phone by going over your medical history with you, or with a visit to their office. The office visit may include a physical exam, blood test, or an ultrasound. \* The cost of the follow-up visit may not be included in the price of the abortion. Be sure to clarify costs with your provider beforehand.

**Common Side Effects and Known Risks:**

- severe pain/cramping, nausea, weakness, headache, dizziness, diarrhea, vomiting, mild fever or chills
- heavy bleeding (may include large clots in the blood and/or a visible fetus)
- bleeding, spotting, and the passing of blood clots and tissue usually continues for 9-16 days but can continue for + 30 days
- very rarely, serious and life-threatening bleeding, infections, and other complications can occur
- <5% of medical abortions done within the first 9 wks (by LMP) do not complete and may require a surgical evacuation to empty the uterus. In less than 1% of the time, the pregnancy is not terminated and continues to grow. These ongoing pregnancies may be terminated with another surgical abortion or medication.

**The Abortion Pill is not advised for women who have anemia, bleeding disorders, liver or kidney disease, seizure disorder, acute inflammatory bowel disease, or use an intrauterine device (IUD).**

**For information on RU-486 Reversal, check out [www.abortionpillreversal.com](http://www.abortionpillreversal.com) or call 877-558-0333**

**Surgical Abortions:** These procedures are done in the clinic. The pre-abortion workup for each is the same and usually includes a pregnancy test, medical history, physical exam, and some lab tests. Surgical abortions have a 99% success rate of terminating pregnancies.

### **Suction Aspiration or Vacuum Aspiration (up to 16 weeks after LMP) \* \$450+**

This is the most common in-clinic abortion. Usually a patient will spend 3-4 hours at the clinic for this procedure, although the procedure itself only takes 5-10 minutes to complete. During an aspiration abortion, a speculum is inserted into your vagina to hold it open to allow for visualization of the cervix. Your cervix will be dilated (opened) either before or during the procedure so that a suction tube can fit through it. A local anesthetic is injected into your cervix to numb it. Your abortion provider may also give you a sedative. Once your cervix is dilated wide enough, a small tube is then inserted through the cervix into the uterus and is attached to a suction device. The fetus is then suctioned out in pieces. It is common to feel mild to moderate cramping during this portion of the procedure. Sometimes a curette (long, loop-shaped knife) is used to scrape the lining, placenta, and fetus away from the uterus. When this is used, the abortion is called a **D&C (Dilation and Curettage)**. Once the suction tube is removed, the cramping usually decreases in intensity. After the procedure, you will be given antibiotics to help prevent infection and sent to a recovery area to rest.

**Common Side Effects and Known Risks:**

- cramping for 1-4 days afterwards
- bleeding that may last for up to two weeks - may include blood clots
- nausea, vomiting, sweating, and feeling faint.
- less frequently, patients experience heavy or prolonged bleeding
- although rare, risks include damage to the cervix, perforation of the uterus, hemorrhaging, and infection due to either retained products of conception, or STDs or bacteria being introduced into the uterus
- scarring or other injury during an abortion may prevent or place at risk future wanted pregnancies
- although rare, some complications may be life threatening

## Dilation & Evacuation –“D&E” (14 to 23 weeks after LMP) \* \$1,500+

You may need to visit the abortion provider anywhere from a few hours to a day before the abortion to have your cervix dilated either by using a medication, laminaria, or dilators. You also may be given a medication to soften the cervix. For a D&E, you will be given general or regional anesthesia for pain relief. You may also be offered sedation orally or through an IV. Some patients require a shot through the abdomen to stop the fetal heartbeat before the procedure. The procedure itself is similar to the first trimester abortion. However, due to the increased size of the fetus, besides using a vacuum suction, the abortion provider will also use surgical instruments like forceps to remove larger fetal parts, or a curette to scrape the uterine lining. This procedure normally takes between 15-30 minutes to complete. Afterwards, you will be given an antibiotic to help prevent infection and sent to a recovery area to rest.

### Common Side Effects and Known Risks:

- nausea, bleeding, and cramping may occur for two weeks after the procedure
- although rare, risks of a D&E abortion include damage to the cervix, perforation of the uterus, hemorrhaging, blood clots, and infection due to either retained products of conception, or STDs or bacteria being introduced into the uterus
- scarring or other injury during an abortion may prevent or place at risk future wanted pregnancies
- although rare, some complications may be life threatening

## Late Term Abortion - (from 20 weeks after LMP to full term)

### Induction Abortion

For this procedure you will have your cervix dilated over a period of a couple days and may be given a medication to soften the cervix. A lethal dose of medication, such as Digoxin, is injected into the fetus's heart or amniotic fluid - giving the fetus a fatal heart attack. On the day of the procedure, medication will be given to help the uterus contract and the cervix dilate enough to perform the procedure. When the cervix is dilated enough, the deceased fetus is removed.

### Common Side Effects and Known Risks:

- irregular bleeding or spotting for about 2 weeks
- cramping
- hemorrhaging
- possible damage to the uterus during injection of medicine into the amniotic sac
- excessive uterine contractions and pain
- infection
- scarring or other injury during an abortion may prevent or place at risk future wanted pregnancies
- although rare, some complications may be life threatening

### Intact Dilation and Extraction (D&X)

Although not a medical term, this procedure is commonly referred to as a **partial birth abortion**. For this procedure you will have your cervix dilated, usually over a period of a couple days. You will then go into the clinic and vaginally deliver a living fetus until the entire fetal head is outside your body (if the fetus is delivering headfirst), or any part of the fetal trunk past the navel is outside of your body (if the fetus is breech). A headfirst fetus may also be repositioned into the breech position either manually or through the use of instruments. At this point, the abortionist will puncture the back of the fetus's skull and remove the brain. The skull is sometimes crushed to remove the fetus through the cervix more easily. You will then complete the vaginal delivery.

### Common Side Effects and Known Risks:

- bleeding
- reactions to anesthesia
- damage to the cervix
- scarring or other injury during an abortion may prevent or place at risk future wanted pregnancies
- although rare, some complications may be life threatening

Sources:

- (1) U.S. National Library of Medicine. (2020). *Miscarriage*. Retrieved from <https://medlineplus.gov/ency/article/001488.htm>
- (2) RxList Inc. (2020). *Mifepristone RU486*. Retrieved from <https://www.rxlist.com/mifepristone-ru486-drug.html#description>
- (3) Stacey, D. (2019). *The abortion pill: RU486*. Retrieved from <https://www.verywellhealth.com/ru486-the-abortion-pill-906956>
- (4) U.S. Food and Drug Administration (FDA). (2016). *Medication guide: Mifepristone*. Retrieved from <https://www.fda.gov/media/72923/download>
- (5) Gynecology and Society of Family Planning Committee on Practice Bulletins, Creinin, M., & Grossman, D. (2014). Medical management of first trimester abortion. *The American College of Obstetricians and Gynecologists*, 2014(143), 1-18. Retrieved from <https://www.acog.org/clinical/clinical-guidance/practice-bulletin/articles/2014/03/medical-management-of-first-trimester-abortion>
- (6) Guttmacher Institute. (2020). *Medication abortion*. Retrieved from <https://www.guttmacher.org/evidence-you-can-use/medication-abortion/>
- (7) Mayo Foundation for Medical Education and Research. (2020). *Ectopic pregnancy*. Retrieved from <https://www.mayoclinic.org/diseases-conditions/ectopic-pregnancy/symptoms-causes/syc-20372088>
- (8) Gotter, A. (2016). *Surgical abortion*. Retrieved from <https://www.healthline.com/health/surgical-abortion>
- (9) American College of Obstetricians and Gynecologists' Committee on Obstetric Practice, Pettker, C., Goldberg, J., El-Sayed, Y., Copel, J., & Society for Maternal Fetal Medicine. (2017). Committee opinion: Methods for estimating due date. *American College of Obstetricians and Gynecologists*, 2017(700), 1-5. Retrieved from <https://www.acog.org/-/media/project/acog/acogorg/clinical/files/committee-opinion/articles/2017/05/methods-for-estimating-the-due-date.pdf>
- (10) Mayo Foundation for Medical Education and Research. (2020). *Rh factor blood test*. Retrieved from <https://www.mayoclinic.org/tests-procedures/rh-factor/about/pac-20394960>
- (11) Healthwise Staff. (2019). *Surgical abortion care*. University of Michigan Health System. Retrieved from <https://www.uofmhealth.org/health-library/tw5328>
- (12) American College of Obstetricians and Gynecologists. (2020). *Induced abortion*. Retrieved from <https://www.acog.org/patient-resources/faqs/special-procedures/induced-abortion>
- (13) American Pregnancy Association. (2020). *Surgical abortion procedures*. Retrieved from <https://americanpregnancy.org/unplanned-pregnancy/surgical-abortions/>
- (14) Mayo Foundation for Medical Education and Research. (2020). *Dilation and curettage (D&C)*. Retrieved from <https://www.mayoclinic.org/tests-procedures/dilation-and-curettage/about/pac-20384910>
- (15) Tanne Hopkins, J. (2007). US Supreme Court approves ban on “partial birth abortion.” *British Medical Journal*, 334(7599), 866-867. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1857800/>
- (16) Turner, C. (1998). Partial birth abortion. *Connecticut General Assembly*. Retrieved from <https://www.cga.ct.gov/PS98/rpt%5Col%5Chtm/98-R-0212.htm>
- (17) Davies, S., O'Brien, S., & Reed, M. (2001). Late-term abortions. *The University of Vermont*. Retrieved from [https://www.uvm.edu/~vlrs/doc/late\\_term\\_abortion.htm](https://www.uvm.edu/~vlrs/doc/late_term_abortion.htm)
- (18) American Medical Association. (2020). *Late-Term Pregnancy Termination Techniques H-5.982*. Retrieved from <https://policysearch.ama-assn.org/policyfinder/detail/late%20term%20abortion?url=%2FAMADoc%2FHOD.xml-0-4533.xml>
- (19) Healthwise Staff. (2019). *Induction abortion*. C.S. Mott Children's Hospital Michigan Medicine. Retrieved from <https://www.mottchildren.org/health-library/tw2562>